

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2	1						52		
3	1						53		
4	1						54		
5		4					55		
6		4					56		
7		4					57		
8		4					58		
9		4					59		
10		4					60		
11	1						61		
12	1						62		
13		8					63		
14		8					64		
15		8					65		
16							66		
17							67		
18							68		
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39							89		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	6						TOTAL IND.		
TOTAL DEP.	21						TOTAL DEP.		
TOTAL CLAIMS	27						TOTAL CLAIMS		